

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lw</i>	<i>68904</i>	<i>6/10/00</i>
O.I.P.E. CLASSIFIER	<i>SDW</i>	<i>11</i>	<i>6/16/2000</i>
FORMALITY REVIEW	<i>DB</i>	<i>65373</i>	<i>8/23/00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
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50	✓	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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